

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/586319**

FILING DATE

APPLICANT(S)

**Art. 19**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1	1			
5		1				
6		1	1			
7		1	1			
8		1	1			
9		8				
10		8				
11		0				
12		0		4		
13		0		4		
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50						
TOTAL IND.	1	↓	4	↓		↓
TOTAL DEP.	27	←	8	←		←
TOTAL CLAIMS	28		12			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						